The Ideal Operation for Arterial Aneurysm; A Contribution to the Circular Suture of Vessels in Man.—Omi (*Deut. Ztschr. f. Chir*, 1911, cx, 443) operated on a case of popliteal aneurysm as follows: Under chloroform narcosis and with the limb rendered bloodless by an Esmarch tourniquet, an incision was made about 20 cm. long over the tumor. The aneurysm was isolated with little difficulty. The popliteal artery entered and emerged on the medial side of the sac. This was then opened and a large quantity of clotted and fluid blood escaped. The sac was extirpated as a whole with a short piece of the afferent and of the efferent portion of the artery, so that 4 cm. of the artery was removed. The popliteal vein lay external to the artery without a communication between them. After the application of forceps the tourniquet was removed. The two arterial stumps could be brought together easily by flexing the knee, and they were united by a Carrel-stitch circular suture. The arterial wall was markedly thickened and sclerosed, so that suturing with a fine needle was difficult. Before drying, the site of operation was protected by dropping on it repeatedly Lock's solution. After removal of the forceps and digital compression for a few minutes, no signs of hemorrhage from the suture holes could be seen. The wound was closed except for a gauze drain. The popliteal artery pulsated distinctly and the pulsation in the dorsalis pedis and posterior tibial were unchanged and the tissues everywhere were warm. The limb was fixed in the flexed position. On the next day pulsation could be felt in the posterior tibial and on the second day in the dorsalis pedis. Ten days after the operation the wound was healed and then the limb was gradually extended. On the twenty-first day the patient went about with crutches. Thirty days after the operation, pulsation in the posterior tibial and dorsalis pedis could be detected. The patient now walks without difficulty.

The Storing of Blood in the Extremities, its Influence on the Bleeding in Operations, and its Effect upon the Organism.—Zoeppritz (*Mitt. a. d. Grenzgeb. d. Med. u. Chir.*, 1911, xxiii, 367) says it was known to the ancients that blood could be stored up in the extremities by applying a tourniquet near the trunk, and this method was employed for arresting hemorrhage especially from the lungs. They also recognized that it was not without danger. The method was also employed for hemorrhage from the nose, and in the last twenty years the indications have been extended to combating edema of the lungs, apoplexy, and disturbances of the circulation calling for blood letting. The tourniquet should be applied as close as possible to the trunk and with moderate tension, so as to occlude the veins with as little interference as possible with the arteries. In a muscular thigh it is often difficult to regulate the pressure, but it is more simple in the arm. The pulsation in the dorsalis pedis artery in the lower extremity, and in the radial in the upper extremity, can be felt at first, but in about ten minutes it cannot because of the complete stoppage of the venous current. After some time the early redness turns to a dark blue color, so that one is tempted to remove the tourniquet. But this should not be done. It is necessary to guard against too great loss of heat in the limb by wrapping it up well. From an extensive study of the subject, Zoeppritz concludes that by applying a tourniquet to the roots of the extremities by a suitable technique, about one-fourth of the total blood of the body can be stored in the extremities. To this bleeding into the extremities the body answers with more or less diminution of the blood pressure, increased frequency of the pulse, and disturbance of the breathing. The method may be employed as a prophylactic against hemorrhage during operations. It is to be recommended in operations on the brain, when there is no increase of the intracranial pressure, in operations on the spinal cord, and in other operations when severe parenchymatous bleeding is expected. There is no danger of a secondary hemorrhage. Some of the contraindications are brain pressure, arteriosclerosis, blood diseases, varicose veins, etc. The maximum of stored blood in the extremities, with a proper technique, is obtained on an average after one and one-half hours. A diminution of the force of the heart beat is to be recognized by the pulse after a long-continued application of the tourniquet, and an increase of the same on releasing the tourniquet. With the brain exposed, on releasing the tourniquet, the whole brain mass rises, and the pulsation is well established.

Concerning the Late Effects of Chloroform Narcosis.—STIERLIN (*Mitt. a. d. Grenzgeb. d. Med. u. Chir.*, 1911, xxiii, 408) says that while the dangers of chloroform narcosis are usually over with on the first signs of returning consciousness, this rule is not without exception. Fortunately the cases are rare in which, from one to several days later, threatening and usually fatal conditions arise, for which the chloroform is responsible. The results of investigations do not justify us in ignoring the existence of a permanent idiosyncrasy against chloroform poisoning, for in individual cases it may be of very great importance. It has been shown that such an idiosyncrasy may be transitory or may be due to a diminished resistance, as from certain diseased conditions. Such conditions are septic or suppurative processes, cases of auto-intoxication, principally in connection with torsions, strangulations, and incarcerations of abdominal organs (twisting of pedicles of ovarian cysts, volvulus, obstructed herniæ, omental or mesenteric cysts). The danger of chloroform in these affections increases with the intensity and duration of the narcosis, and most likely with the size of the twisted organ or strangulated portion of intestine, and is less with a brief, uncomplicated incarcerated hernia. The danger, however, is always so great that chloroform narcosis is very strictly contraindicated in all the above conditions and in pyosalpinx. In such cases the quantity of chloroform which would be borne by some men and many other patients without difficulty, would be sufficient to cause severe damage to the liver and kidneys, and subsequently the death of the patient. The causes of the decreased resistance to chloroform are to be found probably, partly in autolytic changes or abnormal internal secretions, which can aid the narcotic poison; partly in a previously existing degree of liver insufficiency, which from the effect of the narcotic may cause a deleterious accumulation.

The Motor Function of the Pyloric Sphincter and Pyloric Antrum in Dogs after a Transverse Division of the Stomach.—KIRSCHNER and MANGOLD (*Mitt. a. d. Grenzgeb. d. Med. u. Chir.*, 1911, xxiii, 446) found, after complete transverse division of the stomach in dogs,